

**South Dakota Head Start Association** 

# South Dakota Head Start & Early Head Start

Health/Medical Data

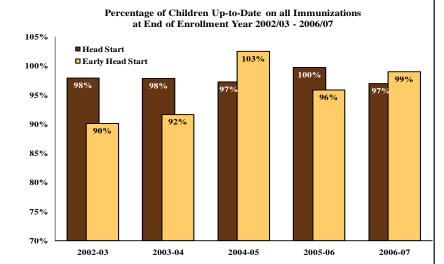
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#### Children Up-To-Date on All Possible Immunizations

The percentage of children who are up-to-date on all immunizations at end of enrollment year in Head Start remained fairly constant. For Early Head Start, the percentage of children who were up-to-date on all immunizations increased from 90% in program year 2002/03 to 99% in program year 2006/07.

SDHSA believes the high rate of immunizations supports the Department of Health 2010 Initiative to increase the percentage of two-year-olds who are age appropriately immunized – 84.1% of 19-35 month olds\* in the state were appropriately immunized in 2006.

\*Department of Health 2010 Initiative 2007 Annual Report, http://doh.sd.gov/PDF/Health2010.pdf

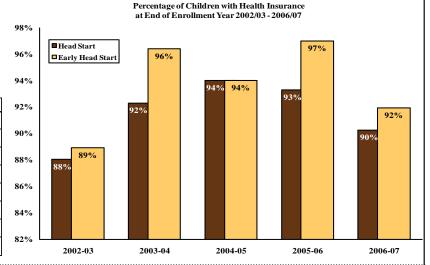


#### **Children with Health Insurance**

The data show that children in Early Head Start are more likely to have health insurance than children in Head Start. There was a drop in the percentage of children with health insurance from the previous program year. In fact, this is the lowest percentage since the 2003/04 program year.

Comparing the 2005/06 and 2006/07 program years shows a decrease in the number of children with insurance. This puts more of a cost burden on Head Start Programs.

	05/06 - 06/07
	<u>Difference</u>
Medicaid/EPSDT	-2%
SCHIP	-1%
Combined SCHIP/Medicaid	5%
State Funded Insurance	-0%
Private Health Insurance	-1%
Other Health Insurance	-1%
Children without Health Insurance	3%

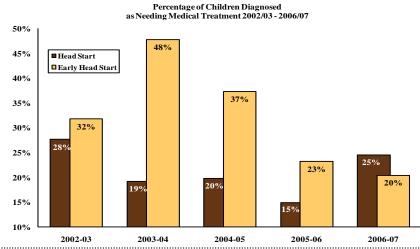


## Children Diagnosed as Needing Medical Treatment

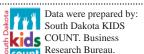
While there had been a decline in children diagnosed as needing medical treatment since the 2002/03 program year for Head Start children, the 2006/07 program year showed an increase.

For Early Head Start children, there has been a continual decrease in the percentage of children diagnosed as needing medical treatment.

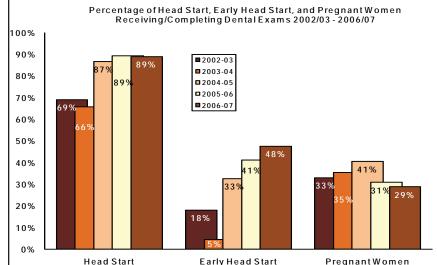
In 2006/07, children received or were receiving medical treatment primarily for asthma (5%) and vision problems (4%).



Data Sources: Data are from the Head Start Program Information Reports 2003-2007. The figures are all Head Start and Early Head Start programs in South Dakota, including Tribal programs. In 2003/04 there were 25 reporting sites; 2004/05 there were 23 reporting sites; 2005/06 there were 24 reporting sites, and 2006/07 there were 23 reporting sites. Note: Some charts show a percentage above 100%. This means that the program(s) in South Dakota were serving over their enrollment, e.g., a program was funded for a certain number of children but was providing services over that number.







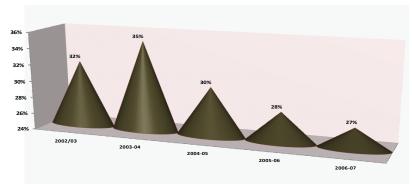
### **Dental Exams Received/Completed**

It is unclear why the percentage of Early Head Start children completing a dental exam is very low for the 2003/04 program year and the current year.

For the 2006/07 program year, South Dakota (89%) was similar to the Nation (89%) in the percentage of children in Head Start completing dental exams.

Also, for the 2006/07 program year, in regard to children 0-3 years receiving a dental exam, South Dakota (48%) was lower than the Nation (54%). For pregnant women receiving a professional dental exam, South Dakota (29%) had a lower percentage than the Nation (42%).

# Percentage of Children (Preschool Program Only) Diagnosed as Needing Dental Treatment 2002/03 -2006/07



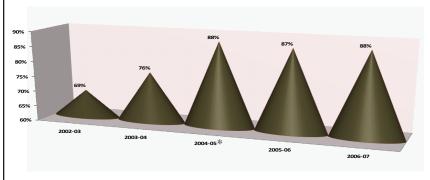
#### **Children Diagnosed as Needing Dental Treatment**

The percentage of children diagnosed as needing dental treatment has fluctuated between program years from a high of 35 percent to a low of 27 percent.

For the 2006/07 program year, South Dakota (27%) had a slightly higher percentage of children in Head Start diagnosed as needing dental treatment compared to the Nation (25%).

SDHSA is a member of the South Dakota Oral Health Coalition, whose focus is on preventative dental care and education. Early Head Start and Head Start programs focus on preventative oral health. This could be a contributing factor in the decrease of children needing dental treatment.

#### Percentage of Children with a Source of Continuous Dental Care 2002/03 - 2006/07



#### **Dental Exams**

There has been a substantial increase from 2002/03 to 2006/07 in the percentage of children with a continuous source of dental care. For the past three program years, 2004/05-2006/07 the percentage has remained fairly constant.

Although the percentage of children with a source of continuous dental care has increased, the SDHSA believes that it could be due to Head Start children accessing services from the care mobile. There is still a lack of accessible dental care and care for Medicaid recipients in some areas of the state. While the care mobile provides needed dental services it is important for children to have an identified dental home for a continuous source of care.

South Dakota has over 18 geographic dental health shortage areas, four low-income dental shortage areas, and 12 dental shortage sites in the state. (Source: SD Dept. of Health, Office of Rural Health website: http://doh.sd.gov/RuralHealth/shortage.aspx)

\* The South Dakota Ronald McDonald Care Mobile Program, which provides mobile dental care to children and adults ages 0 - 21, began services in 2004.

Statements in italics are from the South Dakota Head Start Association.

The <u>Head Start / State Collaboration Office</u> is in the Department of Education - (http://doe.sd.gov/oess/ECS/headstart/index.asp) Head Start is a comprehensive program that provides educational, nutritional, health & social services to preschool aged (3-5) children from low income families. Early Head Start provides a comprehensive program serving expectant parents & their infants and toddlers (Birth to 3) year round. <a href="South Dakota Head Start Association">South Dakota Head Start Association</a> - (http://sdheadstart.org) The Mission of the South Dakota Head Start Association is: To represent programs and communicate challenges to those who can facilitate change in order to provide quality services to children and families.